

MONROE COUNTY BOARD OF ELECTIONS

ABSENTEE BALLOT APPLICATION

If mailed, this application must be postmarked no later than seven (7) before Election Day - OR - If delivered in person or by agent, this application must be received by the Board of Elections no later than the day prior to Election Day.

MAIL TO: BOARD OF ELECTIONS MONROE COUNTY
39 WEST MAIN STREET
ROCHESTER, N.Y. 14614
Tel. No. (585) 428-4550
(585) 428-2390 - TTY

VOTER ADDRESS IN MONROE COUNTY

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

DATE OF BIRTH _____

I am a qualified and registered voter and I know of no reason why I am no longer qualified to vote.

Choose A or B or C

A - ☐ MAIL BALLOT TO: (note restriction above if less than 7 days before the election)

ZIP CODE _____

B - ☐ Appearing in person at the Board of Elections

C - ☐ Ballot is to be picked-up from the Board of Elections by someone other than myself.
(Must complete agent letter on the reverse side of this application)

FOR OFFICE USE ONLY

LD/TOWN _____

DISTRICT _____

REG. NUMBER _____

REG. DATE _____

PARTY _____

SIGNATURE CHECKED _____

DATE _____ BY _____

ENVELOPES PREPARED _____

DATE _____ BY _____

BALLOT MAILED _____

DATE _____ BY _____

2nd

BALLOT SENT _____ BY _____

VOTED IN OFFICE ☐

BALLOT TAKEN ☐

I will be absent from Monroe County on the day of election for one of the following reasons:

PLEASE CHECK COLUMN ON LEFT AND COMPLETE STATEMENT ON RIGHT

____ 1. BUSINESS – Dates out of Monroe County from _____ to _____ & where you will be _____

____ 2. VACATION – Dates out of Monroe County from _____ to _____ & where you will be _____

____ 3. EDUCATION (SCHOOL OUTSIDE MONROE COUNTY) – Dates from _____ to _____

____ 4. TEMPORARY ILLNESS (HOME)

____ 5. TEMPORARY ILLNESS (HOSPITAL)

____ 6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN FELONY OR AWAITING TRIAL OR
GRAND JURY ACTION. (PRINT NAME OF INSTITUTION) _____

____ 7. I AM PERMANENTLY CONFINED (state nature of illness or disability) _____

____ I am permanently confined at
(Name of Institution or residence if confined at home) _____

Special Notice: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I certify that the information in this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF VOTER _____

If applicant is unable to sign the application because of illness or physical disability the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

DATE _____ MARK OF VOTER _____

I certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his mark to the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF WITNESS TO MARK _____

Fill out this side only if ballot is picked-up
by someone other than yourself from the Board of Elections

Absentee Ballot Agent Authorization

SEC. 8-400, 8-406

This completed authorization form shall accompany the **completed** Absentee Ballot Application on the reverse side when an absentee ballot is requested to be hand carried by an individual other than the applicant.

Statement of Voter

TO: The Monroe County Board of Elections
39 W. Main Street
Rochester, NY 14614

I, _____ residing at
(Print or type name)

_____ in the City/Town of
(House number, street, city/town, & zip code)

_____, NY hereby authorize the Monroe County Board of Elections
to deliver my absentee ballot to _____,
as my agent.

Dated: _____, 20__

(Signature of Voter)

Statement of Agent

I, _____, residing at
(Print or type name)

_____ hereby accept and
(House number, street, city/town, & zip code)

did receive an absentee ballot for _____ as authorized
(Name of voter)
above.

Dated: _____, 20__

(Signature of Agent)